Your Guide to Caregiving During Radiation Therapy

Practical Support, Self-Care & Resources for Care Partners

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Evidence-based guidance from NCCN, ASCO, MASCC, Cancer Support Community, and caregiver research

Section 1: Welcome — You Matter Too

Caregiver distress is common: about one-third of cancer caregivers report depression symptoms, about one-third report anxiety symptoms, and roughly half report substantial caregiver burden. You are not alone, and this guide exists because your wellbeing matters as much as your loved one's.

As a primary caregiver during radiation therapy (RT), you are taking on one of the most meaningful and challenging roles a person can undertake. This guide is designed specifically for you — whether you're a spouse, parent, adult child, or friend.

What Radiation Therapy Looks Like

Schedule: Daily appointments, 5 days per week, for 2-7 weeks depending on the diagnosis and treatment plan. Each session typically lasts 15-30 minutes, though the entire clinic visit may take 1-2 hours with waiting time.

Cumulative effects: Unlike chemotherapy, which works systemically, radiation therapy side effects are cumulative and location-specific. Side effects typically **peak mid-to-late treatment** and gradually resolve over 2-6 weeks after RT ends. Overall, RT side effects are **significantly milder than chemotherapy.**

Your Role as a Caregiver

You are likely managing many responsibilities on top of your other life obligations:

- **Transportation:** To and from daily RT appointments, follow-up visits, labs
- **Medication management:** Tracking prescriptions, setting reminders, monitoring for side effects
- **Emotional support:** Being present during fear, anger, sadness, and uncertainty
- **Side effect monitoring:** Recognizing when symptoms warrant a phone call to the medical team
- **Nutrition & meals:** Preparing small frequent meals, managing appetite loss, hydration
- **Appointment coordination:** Keeping schedules, managing insurance, organizing medical records
- **Household management:** Tasks that your loved one can't manage due to fatigue

Average caregiving burden: 32.9 hours per week — equivalent to a full-time job **on top of your other responsibilities.** This is significant, and it often goes unacknowledged.

> ***Core message:*** *Caring for someone during treatment is hard work. You matter. Your health matters. Taking care of yourself so you can care for them is not selfish — it's essential.*

Section 2: What to Expect — The Radiation Therapy Timeline

Understanding the treatment timeline helps you anticipate what your loved one will experience and what support they'll need at each phase:

Treatment Phase	What Happens | Caregiver Focus
Pre-Treatment (Simulation Week)	Planning CT scan, positioning, marks on skin. Minimal symptoms. Your role: attend if possible to understand the process, ask questions about timeline and side effects.
Weeks 1-2 Early Treatment	Mild or no side effects. Patient continues normal activities. Your role: establish transportation routine, start medication tracking system, monitor mood/anxiety (treatment anxiety often peaks early).
Weeks 3-4 Building Side Effects	Fatigue emerges, site-specific effects begin (skin redness, sore throat, nausea). Patient may miss work/school for first time. Your role: prepare freezer-friendly meals, delegate household tasks, encourage gentle movement.
Weeks 5-7 (If applicable) Peak Side Effects	Fatigue at maximum, skin reactions worsen, appetite loss common. This is the hardest week for most patients emotionally. Your role: increase support, monitor red flags, celebrate reaching the finish line.
Early Recovery (2-6 weeks post-RT)	Side effects resolve dramatically. Energy returns. Back to normal activities. Your role: support follow-up compliance, help with continued nutrition, recognize and address post-treatment emotional shifts.
Long-Term (Months to Years)	Late effects may emerge (cardiac, pulmonary, fertility issues depending on site). Your role: support follow-up appointments, healthy lifestyle habits, watch for delayed side effects.

> ***Key perspective:*** *Side effects from radiation therapy are generally* ***much milder than chemotherapy.*** *Most patients continue working or going to school during treatment. Your primary support focus is transportation, emotional presence, and nutrition — not intensive medical care.*

Section 3: Practical Caregiving Skills

3A. Medication Management

Tracking medications is one of your most critical tasks. Patients under stress miss or misremember doses.

- **Weekly pill organizer:** Fill at the start of each week. Include all medications (prescription + OTC).
- **Phone reminders:** Set alarms for key medications (nausea meds before meals, pain meds on schedule).
- **Updated medication list:** Maintain a current list with drug names, doses, and purposes. Bring to every appointment.
- **Pharmacy coordination:** Confirm refills are available before they run out. Some medications take days to fill.

- **Track side effects:** Note which medications help which side effects (e.g., "ondansetron stops nausea within 30 min").

3B. Appointment Coordination

5 appointments per week for 2-7 weeks requires systematic organization:

- **Shared calendar:** Use a physical or digital calendar (Google Calendar, shared app) that you both can access.
- **Backup transportation:** Identify 2-3 people who can drive if you are unavailable. Illness happens.
- **Organized medical folder:** Keep insurance cards, ID, recent lab results, medication list, previous imaging, pathology reports in one folder for every visit.
- **Question list:** Jot down side effect questions during the week to ask at RT clinic.
- **Follow-up scheduling:** At the final RT appointment, ask: 'When is the next follow-up visit? What should we watch for?'

3C. Nutrition Support

Appetite loss, nausea, and difficulty swallowing are common. Your nutrition support is critical:

- **Frequent small meals:** 6 small meals per day instead of 3 large ones. Lower threshold = easier to eat.
- **High-protein foods:** Eggs, Greek yogurt, nuts, nut butters, lean meats, fish, cheese, cottage cheese, beans.
- **Freezer meal prep:** Designate one day per week (Sunday is common) to prepare and freeze 10-15 individual meals. Soups, casseroles, and marinated proteins freeze well.
- **Anti-nausea foods:** Ginger tea, lemon water, peppermint candy, saltines. Keep bedside for morning nausea.
- **High-calorie options if appetite loss:** Boost VHC, Ensure Max Protein, peanut butter, avocado, olive oil drizzled on vegetables, full-fat yogurt. Aim for 2,000+ calories daily.
- **Hydration tracking:** Dehydration is serious. Aim for 8-10 glasses of water daily. Use insulated tumbler with straw.

3D. Skin Care Assistance

Radiation therapy causes cumulative skin changes that peak 1-2 weeks after treatment ends. Your role in skin care is important:

- **Gentle hand-washing only:** No washcloths, loofahs, or scrubbing on the treatment site. Warm (not hot) water and gentle soap.
- **Fragrance-free moisturizer, 2x daily:** Apply after skin is patted (not rubbed) dry. Recommended: Cetaphil, CeraVe, Aquaphor. Heavy creams work better than lotions.
- **Loose, soft clothing:** Avoid tight bras, belts, or seams over treatment area. Cotton is best.

- **Sun protection:** SPF 50+ year-round on the treated area for at least 1 year post-RT, even if skin appears healed.
- **Monitor for open sores:** If blisters or open wounds develop, call the cancer center immediately for wound care.

Section 4: Managing Side Effects at Home

Most side effects can be managed at home with the right support. Below are the most common effects and what you can do:

Fatigue (Most Common — Affects 50-80% of Patients)

When it happens: Usually starts week 3, peaks mid-to-late treatment. **It is NOT relieved by rest alone.**

- **Expect complete exhaustion:** Your loved one may sleep 12+ hours and still feel tired. This is normal and temporary.
- **Exercise actually helps:** Even 10-20 minute walks improve fatigue and mood. Encourage gentle movement.
- **Delegate household tasks:** Your loved one cannot do laundry, dishes, yard work, or heavy lifting during RT. This is not laziness — it's biology.
- **Frequent small meals:** Low blood sugar amplifies fatigue. Keep snacks available.
- **Celebrate progress:** Reaching the end of each week is a big deal. Mark milestones.
- **Timeline:** Fatigue resolves within 4-6 weeks post-RT for most patients.

Skin Reactions (Location-Dependent)

Progression: Redness → peaking 1-2 weeks AFTER RT ends → possible blisters in higher-dose areas → healing with potential permanent darkening.

- **Red/irritated skin:** Moisturize 2x daily (Cetaphil, CeraVe), loose clothing, SPF 50+ if exposed, avoid hot water.
- **Peeling:** Expect dry, peeling skin. Resist the urge to pick. Continue moisturizing.
- **Possible blisters (rare):** Only in high-dose areas. If open sores develop, call the cancer center for wound care immediately.
- **Post-RT darkening:** Some permanent pigmentation change is normal. Usually fades partially over 6-12 months.

Nausea (10-40% Depending on Treatment Site)

Most common in: Abdominal, pelvic, or thoracic RT.

- **Primary medication:** Ondansetron (Zofran) is usually prescribed. Take **on schedule**, not just when nauseous.
- **Ginger tea:** Steep fresh ginger or use ginger candy/lozenges. Evidence-based for nausea relief.
- **Small bland meals:** White rice, plain chicken, crackers, toast, broth. Avoid greasy foods.
- **Red flag:** If unable to keep fluids down >24 hours, call the cancer center. Risk of dehydration.

Pain (Site-Dependent: Throat, Chest, Abdomen)

Pain location depends on treatment site:

- **Take prescribed pain medication on schedule** — don't wait for pain to worsen. Staying ahead of pain is easier than catching up.
- **Ice packs:** 15-20 minutes, wrapped in a thin cloth (not directly on skin). Helpful for general muscle soreness.
- **Gentle massage:** Light massage of shoulder/neck muscles can help if not directly on treatment site.
- **Position changes:** Help your loved one find comfortable positions with extra pillows.
- **Heat (carefully):** Warm (not hot) baths or heating pads can help muscle tension.

RED FLAGS TABLE — When to Call Immediately:

Red Flag Symptom	Why Call
Fever ≥100.4°F	Possible infection
Unable to keep fluids down >24 hours	Dehydration risk
Severe skin breakdown/open sores	Needs wound care evaluation
Uncontrolled pain despite medication	May need dose adjustment
Sudden confusion or seizure	ER immediately
New bleeding or bruising	Blood count check needed
Difficulty swallowing/severe throat pain	Urgent evaluation
Coughing up blood	Emergency evaluation

When in doubt, call. *The cancer center has a nurse line for exactly these questions. It's better to call and have it be nothing than to wait and have a problem escalate.*

Section 5: Emotional Support — What to Say (and What Not To)

Radiation therapy is psychologically difficult. Your emotional support may matter more than any medication. But knowing what to say is hard.

What Your Loved One May Be Feeling

Cancer treatment triggers real emotional responses:

- **Fear:** Of recurrence, of dying, of treatment not working, of becoming a burden
- **Anger:** 'Why me?' at the unfairness of the diagnosis
- **Sadness & grief:** Loss of health, loss of time, loss of the life they expected to have
- **Withdrawal & isolation:** Not wanting to see friends, feeling unlike themselves
- **Loss of control:** Daily appointments, medical decisions, body changes — nothing feels in their control
- **Guilt:** 'I'm a burden to my family,' 'I should be stronger,' 'I should be more grateful'

What Actually Helps Most

Here's the good news: Listening without judgment is more powerful than advice.

✓ **'I'm here to listen'**

Listening without trying to fix or minimize is the most powerful support. Let them talk. Let them cry. You don't have to solve their fear — you just have to witness it.

✓ **'How can I help today?'**

Ask specific questions instead of vague offers. 'What's for dinner tonight?' is better than 'Let me know if you need anything.'

✓ **'I'm not going anywhere'**

Consistency matters more than intensity. Daily presence beats occasional grand gestures.

✓ **'Your feelings are valid'**

Don't try to talk them out of their fear or sadness. Validate what they're feeling, even if you think they're being too negative.

✓ **Sit together in silence**

Presence matters more than words. Sometimes just being in the same room while they rest is exactly what they need.

What to Avoid

These phrases often cause harm, even with good intent:

- **'Stay positive!'** — Dismisses real emotions. Implies their fear is weakness. Avoid.
- **'Everything happens for a reason'** — Often offensive. Implies this suffering is somehow deserved or meaningful. Avoid.
- **'I know how you feel'** — You don't. Unless you've had cancer, don't claim to understand.
- **'At least it's not...'** — Minimizes their experience. Cancer is cancer.
- **'You'll be fine'** — False reassurance when they're expressing fear. Invalidates their worry.
- **'You're so strong'** — Actually exhausting. They don't always feel strong. They feel scared.
- **'Have you tried...' (alternative medicine, diet, supplements)** — Implies conventional treatment is insufficient. Avoid unsolicited advice.

> ***Remember:*** *You don't need to fix their feelings.* ***Being present, consistent, and honest is the most powerful form of support.*** *Your loved one doesn't need you to have all the answers. They need you to show up.*

Section 6: Communicating with the Medical Team

You are an extra set of ears and advocate during treatment. Here's how to maximize that role:

Before Appointments

- **Write down questions** during the week. Patients under stress miss ~50% of what's discussed in appointments.
- **Bring updated medication list** (including supplements and OTC drugs).
- **Clarify your role:** Will you be in the exam room? Clinic waiting room? Taking notes? Confirm with your loved one.
- **HIPAA release:** Have your loved one sign a release form so you can access records and participate in discussions.

During Appointments

- **'I have questions'** — Say this at the start so the doctor budgets time.
- **Take notes** or ask if you can record (ask permission first). Write down: diagnosis details, treatment plan, expected side effects, medications, red flags, when to call.
- **Ask 'What warrants a phone call vs. manage at home?'** — Clear threshold prevents both unnecessary calls and missed problems.
- **Repeat back:** 'So the plan is X, with appointment on Y date?' Confirms understanding.

After Appointments

- **Schedule next visit** before leaving the clinic (or call within 48 hours if scheduling is delayed).

- **Pick up prescriptions same day** when possible, or confirm they're ready before the weekend.
- **Summarize discussion** with your loved one if they didn't attend.
- **File all paperwork** in your organized medical folder.

> ***You are an advocate.*** *Don't be shy about asking questions or asking for clarification. Good doctors welcome engaged family members. If a provider makes you feel like a burden for asking questions, that's a sign of a problem.*

Section 7: Taking Care of Yourself

About one-third of cancer caregivers report depression, and about one-third report anxiety. You cannot pour from an empty cup. Your health matters.

Red Flags for Caregiver Burnout

Do you recognize any of these?

- Persistent anxiety or sense of dread
- Sleep disturbance (insomnia, early waking, nightmares)
- Appetite changes or significant weight changes
- Inability to take breaks without guilt
- Feeling trapped or resentful
- Physical symptoms: headaches, body aches, chronic pain
- Losing interest in things you used to enjoy
- Difficulty concentrating at work
- Feeling like you're failing at caregiving (you're not)

What Actually Helps — Evidence-Based Strategies

- **Accept help & build a team:** Identify 3-5 people (family, friends, neighbors) and assign specific tasks. Example: 'Maria brings meals Mondays,' 'Bob handles yard work.' Don't turn down offers.
- **Exercise:** Even 20 minutes per day of walking, cycling, or yoga reduces caregiver depression and anxiety measurably. This is not optional — this is medicine for you.
- **Maintain YOUR medical appointments:** Your own health doesn't go on pause. Regular checkups, dentist, eye doctor — do them.
- **Set boundaries:** It's okay to say no. It's okay to take a night off. It's okay to need alone time.
- **Respite care — take breaks without guilt:** Arrange for someone to stay with your loved one while you take 2-4 hours for yourself. This is not abandonment. This is self-preservation.
- **Dyadic exercise:** Exercise together (walks, yoga, swimming). Improves BOTH of your physical health and relationship quality.
- **Maintain social connections:** Don't isolate. Keep friendships active, even if briefly.

Professional Support for You

Only 16% of cancer clinics routinely screen caregivers for distress. The NCCN Distress Thermometer (a simple 0–10 scale) was designed for cancer care distress screening and can be used as a quick self-check, but caregiver-specific tools such as CancerSupportSource–Caregiver may better identify caregiver needs. A score of 4+ on the DT warrants professional support. If you're struggling, ask for a referral:

- **Oncology social worker:** Available at most cancer centers, usually free. They understand caregiver burden.
- **CancerCare:** Free individual counseling for caregivers. Call 1-800-813-4673 or visit cancercare.org
- **Cancer Support Community:** Free support groups for caregivers. In-person and virtual options.
- **Therapy or counseling:** Insurance usually covers mental health. Ask for a referral or use your insurance to find providers. **Telehealth therapy is equally effective** — a 2024 RCT of 1,250 patients showed virtual palliative care achieved identical outcomes to in-person visits for both patients and caregivers.
- **Your own doctor:** Talk to your primary care physician about caregiver burnout. Screening for depression is standard.

> ***Remember:*** *Taking care of yourself is not selfish. It's essential. Your loved one needs you healthy and present more than they need you to martyr yourself.*

Section 8: Financial & Logistical Resources

Cancer treatment is expensive. Many resources exist to help. Here are the most useful:

Transportation

- **American Cancer Society Road to Recovery:** Free volunteer-driven transportation to/from RT appointments. Call 1-800-227-2345 or visit cancer.org/roadtorecovery
- **Hospital-based transport:** Many cancer centers have partnerships with Uber Health or other rideshare programs. Ask social work.
- **Rideshare programs:** Some insurance plans cover Uber/Lyft for medical appointments. Check your plan.

Financial Assistance & Grants

- **CancerCare:** Grants for treatment-related costs (copayments, deductibles, medicines). Up to $200-$5,000. cancercare.org or call 1-800-813-4673
- **Family Reach:** Emergency financial assistance for families. Sliding scale based on income. familyreach.org
- **Triage Cancer:** Free legal and financial education for cancer patients. triagecancer.org

- **Hospital financial counselor:** Most cancer centers have financial aid counselors. **Ask to speak with them.** They know about grants and programs you may qualify for.

FMLA (Family Medical Leave Act)

What it is: Up to 12 weeks of unpaid leave per year to care for a seriously ill family member.

Who qualifies: You must work for a company with 50+ employees, have worked there ≥1 year, and work in a state that covers FMLA.

Important: FMLA does NOT provide income. You're unpaid during the leave. But your job is protected and health insurance continues.

Some states offer paid family leave: California, New York, New Jersey, and others pay a percentage of your salary. Check your state labor board.

Insurance Navigation

- **Financial counselor at cancer center:** Ask to speak with the hospital's financial counselor or patient advocate. They can help navigate insurance denials and find coverage.
- **Insurance company case manager:** Many insurance plans assign a case manager for cancer patients. Ask your insurance company for yours.
- **Patient advocacy organizations:** Disease-specific groups (Leukemia & Lymphoma Society, Breast Cancer Network, etc.) often have navigators who help with insurance.

Section 9: When Treatment Ends

Treatment ending is both relief and surprisingly anxiety-provoking. Many caregivers and patients feel lost when the daily structure and professional support disappear.

Your Role Shifts

You transition from medical coordinator to **wellness partner.** Instead of managing daily RT logistics, you're now supporting:

- **Healing:** Most acute side effects resolve 2-6 weeks post-RT. Be patient with slower-than-expected recovery.
- **Follow-up compliance:** Oncology follow-ups, cardiac monitoring, thyroid screening (depending on RT site). Keep these appointments religiously.
- **Wellness habits:** Exercise together, prepare heart-healthy meals, maintain healthy weight, support stress management.
- **Emotional adjustment:** Your loved one may experience post-treatment depression or anxiety when the treatment structure ends.

Critical: Get a Survivorship Care Plan

At the final RT visit, ask: 'Can we have a written follow-up plan? When are the next appointments? What symptoms should we watch for? What are the late effects I need to monitor?'

A good survivorship care plan includes:

- Follow-up schedule (when to see oncology, cardiology, other specialists)
- Screening tests by date (echocardiograms, cardiac stress tests, thyroid ultrasounds, etc.)
- Late effects to watch for (depends on RT site: cardiac, pulmonary, secondary cancers, fertility, etc.)
- Lifestyle recommendations (exercise, diet, smoking cessation, alcohol limits)
- Contact information for questions

Replace Daily RT with New Routines

The daily RT appointments provide structure and a sense of 'doing something' to fight cancer. Ending that is disorienting. Create new shared routines:

- **Walking together:** 30-minute walks 5 days/week. Exercise + quality time + outdoors.
- **Heart-healthy cooking:** Prepare Mediterranean or DASH diet meals together.
- **Regular check-ins:** Weekly conversations about how they're feeling, any concerning symptoms, emotional adjustments.
- **Mark anniversaries:** 'It's been 6 months since your last RT treatment' milestones.

> ***Late effects are real.*** *Side effects can appear months or years after RT ends (cardiac disease, secondary cancers, pulmonary problems depending on site). Your support for follow-up compliance is as important as your support during treatment.*

When to Seek Help: Escalation Guide

As a caregiver, you need to know when to act. Here is a three-tier guide:

Call the Radiation Team Today

- New or worsening skin breakdown at the treatment site
- Difficulty eating or drinking lasting >24 hours
- Persistent diarrhea (>4 loose stools/day) not responding to medication
- Fever 100.4°F or higher during treatment
- New or worsening pain not controlled by current medications
- Signs of dehydration (dark urine, dizziness, confusion)

Go to the ER Now

- Fever with chills/rigors (especially if on chemotherapy)

- Uncontrolled bleeding
- New weakness in legs, loss of bladder/bowel control (possible spinal cord compression)
- Severe chest pain or new shortness of breath
- Confusion, seizures, or sudden severe headache
- Unable to keep any fluids down for >12 hours

Call 911

- Loss of consciousness or unresponsiveness
- Severe difficulty breathing
- Active seizure lasting >5 minutes
- Signs of stroke (face drooping, arm weakness, speech difficulty)

> ***Tell any ER or urgent-care clinician*** *about your loved one's cancer diagnosis, current treatment, and all medications — especially immunotherapy, chemotherapy, or steroids.*

Understanding Palliative Care vs. Hospice

These terms are often confused, but they are different:

Palliative Care

Palliative care focuses on **symptom management, comfort, and quality of life** and can be used **at any stage of illness, alongside curative treatment.** You do not need to stop cancer treatment to receive palliative care. It includes pain management, nausea control, emotional support, and help with goals-of-care conversations. Ask for a palliative care referral if symptoms are not well-controlled.

Hospice

Hospice is for patients with a prognosis of **6 months or less** who choose to focus on comfort rather than curative treatment. It provides comprehensive support (medical, emotional, spiritual) for both the patient and family. Hospice does not mean 'giving up' — it means choosing quality of life as the primary goal.

Section 10: Recommended Resources & Products

Below are commonly helpful products and services with estimated costs. These are suggestions, not endorsements.

Category	Product/Service	Est. Cost
Nutrition	Boost VHC shakes (27-pack)	~$55

Category	Product/Service	Est. Cost
Nutrition	Ensure Max Protein shakes	~$30
Nutrition	Ginger tea (anti-nausea)	~$8
Skin Care	CeraVe moisturizing cream	~$16
Skin Care	Aquaphor healing ointment	~$12
Comfort	Soft cotton clothing for treatment area	~$20–40
Organization	Weekly pill organizer	~$8
Organization	Medical binder/folder system	~$10
Caregiver Mental Health	CancerCare counseling	Free
Caregiver Mental Health	Cancer Support Community	Free
Caregiver Mental Health	Therapy/counseling	Insurance-dependent
Transportation	American Cancer Society Road to Recovery	Free
Exercise	Home yoga mat + online classes (YouTube free)	~$20 mat

Most caregiver support services (counseling, financial assistance, transportation) are FREE through cancer-focused nonprofits. Cost should never prevent you from seeking help.

Important Contact Information

Main Line Health — Radiation Oncology

100 East Lancaster Ave · Rosengarten Bldg, Basement · Wynnewood, PA 19096

1078 West Baltimore Pike · Health Center 1, Ground Floor · Media, PA 19063

Phone

Appointment Line: 1.866.CALL.MLH (1.866.225.5654)

If you are experiencing a life-threatening emergency, call 911.

Caregiver Support Resources (All Free or Low-Cost)

CancerCare: 1-800-813-4673 | Free counseling for caregivers

Cancer Support Community: 1-888-793-9355 | Free support groups

American Cancer Society: 1-800-227-2345 | Transportation, lodging, support programs

National Association of Social Workers: Find a therapist near you

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You are doing one of the hardest and most meaningful things a person can do. Take care of yourself so you can take care of them.

My Treatment Journal

A place to notice patterns, remember questions, and track what helps.

You do not need to fill this out perfectly. Even a few notes can help you see patterns, remember what worked, and tell your care team what is actually happening at home.

This Week

Week of / goals / anything I especially want help with

Daily Check-In

Day / Date	Energy (0-10)	Pain (0-10)	Eating / Drinking	Sleep	Main note
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Symptoms I Want to Watch

- ☐ Patient symptoms
- ☐ Medications / refills
- ☐ Eating / drinking
- ☐ Transportation / logistics
- ☐ Caregiver stress
- ☐ Questions for team
- ☐ Other: ____________________

What I Tried / What Helped

Use this page to test small changes and keep track of what helps, what does not, and what you want to ask about next.

Problem or symptom	What I tried	Did it help?	Next step / question

Examples: taking pain medicine before meals, changing skin care timing, drinking earlier in the day, using a humidifier, adjusting fiber, walking after treatment, or asking for a refill.

Questions for My Care Team

Bring this page to visits. Small questions are worth writing down, especially when treatment days start to run together.

Symptoms or side effects I want to mention

Medication, refill, or product questions

Eating, drinking, bowel, bladder, skin, sleep, or activity questions

Logistics: appointments, transportation, work, family, forms

One thing I keep forgetting to ask

Free Notes

Use this space for anything else: patterns, reminders, caregiver notes, or visit takeaways.

Visit takeaways / things to remember

More notes